



IDAHO DEPARTMENT OF
HEALTH & WELFARE

JAMES E. RISCH – Governor
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T. – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@idhw.state.id.us

October 3, 2006

Ron Hedelius, Administrator
Pine Brook Assisted Living Center
4020 E 300 North
Rigby, ID 83442

License #: RC-667

Dear Mr. Hedelius:

On August 24, 2006, a survey was conducted at Pine Brook Assisted Living Center. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Karen McDannel, Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

KAREN MCDANNEL
Team Leader
Health Facility Surveyor
Residential Community Care Program

KM/slc

c: Jamie Simpson, MBA, QMRP Supervisor, Residential Community Care Program



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September 8, 2006

FILE COPY

Ron Hedelius, Administrator
Pine Brook Assisted Living Center
4020 East 300 North
Rigby, ID 83442

Dear Mr. Hedelius:

On August 24, 2006, a standard health care survey was conducted at Pine Brook Assisted Living Center. The facility was found to be providing safe and effective care to residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the Punch List, a copy of which was reviewed and left with you during the exit conference. The completed Punch List form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by September 23, 2006.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

JAMIE SIMPSON, MBA, QMRP
Supervisor
Residential Care Assisted Living Program

JS/sm

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R667	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/24/2006
NAME OF PROVIDER OR SUPPLIER PINE BROOK ASSISTED LIVING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 4020 E 300 NORTH RIGBY, ID 83442		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>Initial Comments</p> <p>The residential care/assisted living facility was found to be in substantial compliance with the Rules for Residential Care or Assisted Living Facilities in Idaho. No core issue deficiencies were cited during the standard survey conducted on 8/24/06. The surveyors conducting the standard survey were:</p> <p>Karen McDannel, R.N. Team Coordinator Health Facility Surveyor</p> <p>Rae Jean McPhillips, R.N., BSN Health Facility Surveyor</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

9ST011

If continuation sheet 1 of 1



ASSISTED LIVING

Non-Core Issues

Punch List

Facility Name Pine Brook Assisted Living	Physical Address 4020 East 300 North	Phone Number 745-0100
Administrator Ron Hedelius	City Rigby	ZIP Code 83442
Survey Team Leader Karen McDannel	Survey Type Standard	Survey Date 8/24/06

[illegible]

Signature of Facility Representative

9/24/06

Signature of Facility Representative

Muhammad Khan